

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | J.B. | 20000 | 8-2-00 |
| O.I.P.E. CLASSIFIER | | 19 | 8/10/00 |
| FORMALITY REVIEW | CA | 049116 | 9/15/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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